## **CONCEALED WEAPON PERMIT INFORMATION**

(Montana Statutes 45-8-315 through 45-8-328)

### APPLICATIONS ARE ACCEPTED ON WEDNESDAYS ONLY FROM NOON TO 4:30 PM

The application fee is \$50.00 payable by check or cash only. You must also present your Montana Driver's License or ID Card, and proof of weapons training.

#### For proof of weapons training, we accept the following:

- Military Discharge Form DD 214 (to request a duplicate form, call MT Veterans Affairs at 755-3795)
- Hunter Safety Certificate (to request a duplicate card, call 752-5501 (local), 444-4046 (Helena), or access online at fwp.mt.gov)
- We may consider a concealed weapons permit from another state
- Any other weapons training certificate from a certified instructor

#### **Local Weapons Training Instructors:**

Please Note: The FCSO does not endorse any instructors listed, they are only a sampling of available instructors, and are being provided solely for your convenience.

1.	Frank Bowen	261-0353	Certified Firearms Instructor – Northern Lights Training Group, LTD
2.	Jay Bullins	249-8238 (contact via email)	Certified Firearms Instructor – RockyMountainArmory@yahoo.com
3.	Andrew Doyle	314-0980	NRA Certified Instructor (Pistol only – for individuals or groups)
4.	Don Garner	755-9503	NRA Certified Instructor (for individuals or groups)
5.	Terry Jones	755-4256	NRA Certified Instructor (for individuals or groups)
6.	Daron Lime	253-6154	NRA Certified Instructor (for individuals or groups)
7.	Steve Luckey	752-8858 (h) 249-9007 (c)	Certified Firearms Instructor (for individuals or groups)
8.	Glen McLemore	314-0882	NRA Certified Instructor (for individuals or groups)
9.	Brent Mitchell	756-8130	NRA Certified Firearms Instructor (for individuals or groups)
10.	Michael Ober	756-3853 (w) 257-2040 (h)	NRA Certified Instructor – FVCC (888-7841 Summer season)
11.	Bernie Windauer	257-8814 (after 5pm)	NRA Certified Firearms Instructor (for individuals or groups)
12.	Richard Zielke	250-6900	NRA Certified Instructor (for individuals, groups and Hunter Safety)

A **concealed weapon** includes any weapon that is wholly or partially covered by clothing or wearing apparel. A permit is required if you will be concealing a weapon in an incorporated town (city). A weapon is dirk, dagger, pistol, revolver, slingshot, sword cane, billy, knuckles made of any hard substance, knife having a blade four inches (4") long or longer, razor (not including a safety razor), or other deadly weapon.

You will be ineligible to receive a permit if you:

- Are ineligible under Montana or federal law to own, possess, or receive a firearm;
- Have been charged/awaiting judgment in any state/federal crime, punishable by incarceration for 1 year;
- Have been convicted in any state or federal court in any state of a crime punishable by more than 1 year of incarceration or, regardless of the sentence that may be imposed, a crime that includes as an element of the crime an act, attempted act, or threat of intentional homicide, violence, bodily or serious bodily harm, unlawful restraint, sexual abuse, or sexual intercourse or contact without consent:
- Have been convicted carrying a concealed weapon while under the influence OR in a prohibited place, unless you have been pardoned or 5 years have elapsed since the date of the conviction;
- Have a warrant of any state or the federal government out for your arrest;
- Have been adjudicated in a criminal or civil proceeding in a court of any state or in a federal court to be an unlawful user of an
  intoxicating substance and are under a court order of imprisonment or other incarceration, probation, suspended, or deferred
  imposition of sentence, treatment or education, or other conditions of release or are otherwise under state supervision;
- Have been adjudicated in a criminal or civil proceeding in a court of any state or in a federal court to be mentally ill, mentally defective, or mentally disabled and are still subject to a disposition order of that court;
- Were dishonorably discharged from the United States Armed Forces.

The Sheriff may deny an applicant a permit to carry a concealed weapon if the Sheriff has reasonable cause to believe that the applicant is mentally ill, mentally defective, or mentally disabled or otherwise may be a threat to the peace and good order of the community to the extent that the applicant should not be allowed to carry a concealed weapon.

If you are issued a permit, you may NOT:

- Carry a concealed weapon while under the influence of an intoxicating substance;
- Carry a concealed weapon in a building owned or leased by the Federal, State or local government; bank, credit union, savings
  and loan or similar institution; room in which alcoholic beverages are sold, dispensed and consumed.

The permit may be revoked if any circumstances arise that would require the Sheriff to refuse to grant the permittee an original license. If your permit is revoked, you will be required to surrender it to any peace officer upon notification by the Sheriff.

A person with a permit to carry a concealed weapon who changes his/her county of residence shall within 10 days of the change inform the Sheriff of both the old and new counties of residence of this change of residence and that he holds the permit. If his residence changes either from or to a city or town with a police force, he shall also inform the Chief of Police in each of those cities or towns.

# STATE OF MONTANA CONCEALED WEAPON PERMIT APPLICATION FLATHEAD COUNTY

Resident of Montana at least 6 Citizen of the United States? 18 Years of Age or Older? ANSWERING "NO" TO AN		( ) Yes ( ) No ( ) Yes ( ) No	NS WILL DISQUAL	LIFY YOU.	
Please Type or Print					
Full Name:Last			First	Middle	
Alias/Maiden/Nickname:					
Physical Address:	Street		City	State	Zip
Mailing Address:			City	State	
Phone:	Home		Work	Me	essage/Cell
Employer:	Name		City	State	Zip
Place of Birth:			Date of Birth:		
Driver's License #:		Issuing State:			
Social Security #:					
Sex: Height:		Weight:	Hair:	E	Eyes:
List each former employer or b	ousiness engage	d in for the last fiv	e (5) years (beginnin	g with current e	employer):
Employer/Business Na	Employer/Business Name Address		mplete) Date Range From/To		e From/To
1.					
<ol> <li>2</li> <li>3</li> </ol>					
4					

List each place in which	ch you have lived for the	last five (5) years:			
City		State	Date Range From/To		
1					
2					
3					
4.					
Military Service: Branch:		Dates From/To: _			
Type of Discharge:		Rank upon Discharge:	Rank upon Discharge:		
Have you <u>EVER</u> been	ARRESTED?	( ) Yes ( ) No			
Have you <b>EVER</b> been CONVICTED OF A CRIME?		` , ` , ` ,			
·		URT-MARTIAL? ()Yes()No			
If <u>YES</u> , please comple	ete the following (Exception	ons: minor traffic violations):			
City	State	Charge	Date		
1					
2					
3					
		at least five (5) years that will be out	credible witnesses to your good mora ENT/PAST EMPLOYERS)		
Name	Addre	ss (provide complete mailing add	ress) Phone		
1					
2					
3					
Please explain your re	eason(s) for requesting th	is permit:			
	jiven with the full kno		correct to the best of my knowledge contained herein may be sufficient		
Signature					